

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/180432	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						61					
2		1		1			52					
3		3		1			53					
4		1		1			54					
5		3		1			55					
6		3		1			56					
7		1		1			57					
8		1		1			58					
9		1		1			59					
10		1		1			60					
11		1		1			61					
12		2		1			62					
13		1		1			63					
14				1			64					
15				1			65					
16				1			66					
17				1			67					
18				1			68					
19				1			69					
20				1			70					
21				1			71					
22				1			72					
23				1			73					
24				1			74					
25				1			75					
26				1			76					
27				1			77					
28				1			78					
29				1			79					
30				1			80					
31				1			81					
32				1			82					
33				1			83					
34				1			84					
35				1			85					
36				1			86					
37				1			87					
38				1			88					
39				1			89					
40				1			90					
41				1			91					
42				1			92					
43				1			93					
44							94					
45					1		95					
46					1		96					
47					1		97					
48					1		98					
49					1		99					
50					1		100					
TOTAL IND.	2		2		3		TOTAL IND.					
TOTAL DEP.	13	←	41	←	47	←	TOTAL DEP.					
TOTAL CLAIMS	15	43	50				TOTAL CLAIMS					